

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **434**

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>3010</b>		Registrar's No. <b>59</b>	
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>		c. LENGTH OF STAY (in this place) <b>8 hours</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>		<b>0164</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cape Osteopathic Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>325 North Lorimier Street</b>			
3. NAME OF DECEASED (Type or Print) <b>BENSON</b>		a. (First) <b>C.</b>		b. (Middle) <b>HARDESTY</b>		c. (Last)	
4. DATE OF DEATH <b>February 7, 1951</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>November 15, 1877</b>		9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer</b>		11. BIRTHPLACE (State or foreign country) <b>Church Hill, Delaware</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>Wm G. Hardesty</b>		13b. MOTHER'S MAIDEN NAME <b>Eugenia Merriken</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Maud Hardesty</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maud Hardesty</b>		ADDRESS <b>Cape Gir., Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aspiration pneumonia</b> <b>Respiratory Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Medullary paralysis due to embolism</b> DUE TO (c) <b>Diabetes---Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b> <b>24 "</b> <b>15 years</b> <b>260X</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>Feb. 1948</b> , to <b>Feb. 7, 1951</b> , that I last saw the deceased alive on <b>Feb. 7, 1951</b> , and that death occurred at <b>5:20 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>M. Thargemont Fuller</b>		23b. ADDRESS <b>321 H. H. Bldg. Cape Girardeau, Mo.</b>		23c. DATE SIGNED <b>2-9-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 10, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-9-1951</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walters Funeral Home</b>		ADDRESS <b>Cape Gir., Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 12 1951

DISTRICT HEALTH OFFICE No. (

No. No.....

FEB 22 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed William Lee Towne

Licensed Embalmer No. 4410

P. O. Address Cape Canaveral

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.